

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36940

State File No. _____

FILED DEC 12 1956

BIRTH NO. 85079-56 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 245

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Montgomery City
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 07001	

3. NAME OF DECEASED (Type or Print) a. (First) Merrill	b. (Middle) Mark	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 3, 1956
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 5 IF UNDER 1 YEAR 17 IF UNDER 12 HRS.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri
13a. FATHER'S NAME Everett William Clark Jr.		13b. MOTHER'S MAIDEN NAME Emily Catherine Wehrman	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Everett Clark Jr. ADDRESS Montgomery City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Infant		(2 weeks)
	DUE TO (c) Asphyxia Neonatorum (Leucla)		5 hrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7544
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1956 to Dec 3, 1956, that I last saw the deceased alive on Dec 3, 1956, and that death occurred at 12:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. T. Andersen, M.D.	23b. ADDRESS Montgomery City, Mo	23c. DATE SIGNED 12/5/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery 24d. LOCATION (City, town, or county) (State) Montgomery City, Missouri

DATE REC'D BY LOCAL REG. Dec 4 1956	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Blanche Neely ADDRESS Blanche Neely Funeral Home, Montgomery City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

Blue

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4130

P. O. Address Montgomery

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.